UNITED STATES DISTRICT COURT **District of New Mexico**

DISTRICT OF NEW MEXICO

CM/ECF PRO SE NOTIFICATION FORM

Case Management/Electronic Case Files

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This form is used to elect the type of notification of filing to be received from the Doubles (Assembly Case File (CM/ECF) system. Please select only ONE type of notifical complete the necessary information.

		SE TYPE or PR	ANDREAS PROPERTY OF A PROPER	
	CONTRACTOR DE LA CONTRA	iter party inform		
Case Number:	1:12-cv-	01298-MI	1-LFG	
First/Middle/Last Name:			WAGNE	R
Contact Phone Number:	505-20!	5-5706		(Include Area Code)
Complete the foll	owing information	for either a P.O.	Box or physical ac	idress, not both
Address:	P.O. BOY	(779		
City/State/Zip:	FENCE	LAKE, N	1M 873	15
Ple	ase choose the met	hod of notificati	ол (select only on	9
O I elect to receive notification (Using the address entered above				
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FAX Number:		·		(Include Area Code)
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Signature	_		Date	
Submission: You may submit		D signed form vi	a one the following Fax	3: <u>E</u> ven
United States District Court ATTN: CM/ECF Notifications 333 Lomas Blyd NW, Suite 27		5	05-348-2028	cmecf@nmcourt.fed.us
Albuquerque, NM, 87102				(Scan to PDF file format)

December 2012 CM/ECF Pro Se Notification Form

Note: Questions regarding this form may be directed to our CM/ECF Help Desk at (505) 348-2075 or via email (at

Albuquerque, NM, 87102

the above email address).

